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PATENT

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1744

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Patent and Trademark Office: U.S. Department of Commerce

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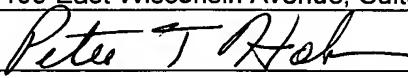
Application Number	10/009,307
Filing Date	04/11/2002
First Named Inventor	Mark Veschuur
Group Art Unit	1744
Examiner Name	Krisanne M. Thornton
Attorney Docket Number	322-00065

### TRANSMITTAL FORM

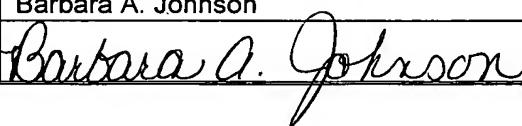
(to be used for all correspondence after initial filing)

Total Number of pages in this Submission 19

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After final  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement/PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Checklist and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication To Group  <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below)
<div style="border: 1px solid black; padding: 5px; height: 100px; vertical-align: top;">           Return receipt postcard            Drawing Figure 9         </div>		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Peter T. Holsen, Reg. No. 54,180 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	January 8, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date:	
January 8, 2004	

Typed or printed name	Barbara A. Johnson	
Signature		Date 1/8/2004



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## FEE TRANSMITTAL

Total Amount of Payment (\$ 43.00)

COMPLETE IF KNOWN	
Application Number	10/009,307
Filing Date	04/11/2002
First Named Inventor	Mark Veschuur
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### METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 01.2000

Deposit Account Andrus, Sceales, Starke & Sawall, LLP Name

- Charge any additional fee required under 37 CFR 1.16 and 1.17  Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)

- Payment Enclosed:

Check  Money Order  Other

### FEE CALCULATION (fees effective 10/01/97)

#### 1. Filing Fee

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee	Fee
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

#### 2. Claims

Extra Fee from Fee Paid below

Total claims  $34 - 36 = 0$  X =  $0$   
Independent  $4 - 3 = 1$  X  $$43 = $43$

Claims

Multiple Dependent \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Claims

Large Entity Small Entity Fee

Fee Code (\$)	Fee Code (\$)	Fee	Description
103	18	203	9 Claims in excess of 20
102	78	202	39 Independent claims in excess of 3
104	270	204	135 Multiple dependent claim
109	82	209	41 Reissue independent claims over original patent
110	22	210	11 Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 43.00)

SUBTOTAL (3) (\$)

\*Reduced by Basic Filing Fee Paid

### SUBMITTED BY

Type or Printed name Peter T. Holsen

Andrus, Sceales, Starke & Sawall, LLP

Registration Number

54,180

Signature

Date 01/08/04

Deposit Account User ID